

**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

*check # 2609*

Date of Notification (1) 01 / 18 / 16		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment _1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 76 South Street		City, State, Zip Code Akron, Ohio 44308	
Name of Contact Jim Halsey		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3)  Street Address 152 BROAD STREET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
City (5) RED BANK	County (6) MONMOUTH	County Code (7)	Square Feet
			# Of Floors
			Building Age
		Current Use (Prior if being demolished) Telephone Pole	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 655 West Shore Trail		Street Address	
City, State, Zip Code Sparta, NJ 07871		32 Williams Parkway	
Project Mngr. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036	
Telephone Number 212-682-9271		Telephone Number 973-884-8682	
Sched. Start Date (10) 02 / 09 / 16		Sched. Completion Date (11) 02 / 11 / 16	
Sched. Completion Date (11) 02 / 11 / 16		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address	
		32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07036	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	30 LF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date		City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Steven Stiles	Title Project Manager	Signature <i>Steven Stiles</i>	Date 02/01/16

RECEIVED  
 2016 FEB - 8 AM 9:59  
 ASBESTOS CONTROL  
 DEPT. OF ENVIRONMENTAL PROTECTION

D&amp;S Proj. #: 16-31

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

201 FEB 3 AM 9:52

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 01/12/01/16		Name of Building Owner/Operator (2) michael mutter	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Newark, NJ 07104	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact michael mutter	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) michael mutter			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K - 12)		
City (5) Newark			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) essex			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs/Homes, etc.)		
County Code (7) (State use only)			Square Feet	# of Floors	Bldg. Age
			Current Use (prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 01/28/16	Sched. Completion Date (11) 02/12/16		Name of OSHA Monitor D & S Restoration, Inc.f	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			Paterson, NJ 07503	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Glovebag procedure			
<input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (' and Non-friable procedure			
<input type="checkbox"/> Demolition							

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		pipe insulation	15 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/29/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/27/16

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*Check # 10-408*

Date of Notification (1) <div style="text-align: center;">2 / 1 / 16</div>		Name of Building Owner/Operator (2) <b>City of Camden</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>	
		City, State, Zip Code <b>Camden, NJ 08101</b>	
		Name of Contact <b>John Bond</b>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>PRINCESS AVE RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>Camden</b>	Square Feet <b>varies</b>	# of Floors <b>varies</b>	Bldg. Age <b>50+</b>
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>
Start Date (10) <div style="text-align: center;">2 / 1 / 16</div>		License No. <b>00847</b>	
Scheduled Completion Date (11) <div style="text-align: center;">3 / 31 / 16</div>		Name of OSHA Monitor <b>CES</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____ PM - ____ AM		Street Address <b>1121 N Bethlehem Pike - Suite 60</b>	
		City, State, Zip Code <b>Spring House, PA 19477</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>3/31/16</b>	Name of Registered Landfill <b>GROWS</b>
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>
			Date <b>2/1/2016</b>

RECEIVED  
 2016 FEB -3  
 AM 9:55  
 PERMITS & LICENSING CONTROL

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*Check #*: 10400

Date of Notification (1) <b>2 / 1 / 16</b>		Name of Building Owner/Operator (2) <b>City of Camden</b>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b> City, State, Zip Code <b>Camden, NJ 08101</b> Name of Contact <b>John Bond</b>								
Telephone Number _____										
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>HADDON AVE RESIDENCES</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet <b>varies</b> # of Floors <b>varies</b> Bldg. Age <b>50+</b>								
City (5) <b>Camden</b>	County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>								
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>								
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>							
Start Date (10) <b>2 / 11 / 16</b>		Scheduled Completion Date (11) <b>3 / 31 / 16</b>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____PM-____AM		Name of OSHA Monitor <b>CES</b>								
Street Address <b>1121 N Bethlehem Pike -Suite 60</b>		City, State, Zip Code <b>Spring House, PA 19477</b>								
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 Yd per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>						
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>3/31/16</b>	City, State <b>Tullytown PA</b>							
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>		Date <b>2/1/2016</b>					

**RECEIVED**  
**2016 FEB -3 AM 9:55**  
**ASBESTOS CONTROL & LIAISON DIVISION**

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*check # - 10401*

Date of Notification (1) <b>2 / 1 / 16</b>		Name of Building Owner/Operator (2) <b>City of Camden</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>							
		City, State, Zip Code <b>Camden, NJ 08101</b>							
		Name of Contact <b>John Bond</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>KENWOOD AVE RESIDENCES</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Camden</b>	Square Feet <b>varies</b>	# of Floors <b>varies</b>	Bldg. Age <b>50+</b>						
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>						
Start Date (10) <b>2 / 11 / 16</b>		Scheduled Completion Date (11) <b>3 / 31 / 16</b>	License No. <b>00 47</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____PM-____AM		Name of OSHA Monitor <b>CES</b>							
Street Address <b>1121 N Bethlehem Pike - Suite 60</b>									
City, State, Zip Code <b>Spring House, PA 19477</b>									
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 Yd per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>3/31/16</b>	City, State <b>Tullytown PA</b>						
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>	Date <b>2/1/2016</b>						

RECEIVED  
 2016 FEB -3 AM 9:56  
 109 CONTROL

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

*check # 10402*

Date of Notification (1) <b>2 / 1 / 16</b>		Name of Building Owner/Operator (2) <b>City of Camden</b>		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>RECEIVED</b>  <b>2016 FEB -3 AM 9:56</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>							
		City, State, Zip Code <b>Camden, NJ 08101</b>							
		Name of Contact <b>John Bond</b>							
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) <b>LANDHAM AVE RESIDENCES</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) <b>Camden</b>		Square Feet <b>varies</b>	# of floors <b>varies</b>	Bldg. Age <b>50+</b>					
County (6) <b>CAMDEN</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>	License No. <b>00347</b>					
Start Date (10) <b>2 / 11 / 16</b>		Scheduled Completion Date (11) <b>3 / 31 / 16</b>		Name of OSHA Monitor <b>CES</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> /____PM-____AM			Street Address <b>1121 N Bethlehem Pike -Suite 60</b>						
			City, State, Zip Code <b>Spring House, PA 19477</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <div style="float: right;"> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE ATTACHED</b>	<b>200 Yd per res</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Fairless Hills, PA</b>			Disposal Date <b>3/31/16</b>	City, State <b>Tullytown PA</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>			Date <b>2/1/2016</b>			

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*check = # 10403*

Date of Notification (1) <div style="text-align: center;">2 / 1 / 16</div>		Name of Building Owner/Operator (2) <b>City of Camden</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>							
		City, State, Zip Code <b>Camden, NJ 08101</b>							
		Name of Contact <b>John Bond</b>							
Telephone Number <div style="text-align: right;"><i>2016 FEB -3 9:56</i></div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ROSE STREET RESIDENCES</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Camden</b>		Square Feet <b>varies</b>	# of Floors <b>varies</b>						
		Bldg. Age <b>50+</b>							
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>						
		License No. <b>00847</b>							
Start Date (10) <div style="text-align: center;">2 / 11 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">3 / 31 / 16</div>	Name of OSHA Monitor <b>CES</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____ PM- ____ AM		Street Address <b>1121 N Bethlehem Pike -Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify Sl or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE ATTACHED</b>	<b>200 YD per res</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Fairless Hills, PA</b>			Disposal Date <b>3/31/16</b>	City, State <b>Tullytown PA</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>			Date <b>2/1/2016</b>			

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*Check # - 10404*

Date of Notification (1) <b>2 / 1 / 16</b>		Name of Building Owner/Operator (2) <b>City of Camden</b>		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED  2016 FEB -3 AM 9:56  ASBESTOS &amp; LICE  CONTROL </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>							
		City, State, Zip Code <b>Camden, NJ 08101</b>							
		Name of Contact <b>John Bond</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>SPRUCE STREET RESIDENCE</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) <b>Camden</b>		Square Feet <b>varies</b>	# of Floors <b>varies</b>	Bldg. Age <b>50+</b>					
County (6) <b>CAMDEN</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>	License No. <b>01847</b>					
Start Date (10) <b>2 / 11 / 16</b>		Scheduled Completion Date (11) <b>3 / 31 / 16</b>		Name of OSHA Monitor <b>CES</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____PM-____AM				Street Address <b>1121 N Bethlehem Pike -Suite 60</b>					
				City, State, Zip Code <b>Spring House, PA 19477</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify S or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE ATTACHED</b>	<b>200' D per res</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>3/31/16</b>	City, State <b>Tullytown PA</b>						
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>		Date <b>2/1/2016</b>				

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*check # - 10405*

**RECEIVED**  
**ASBESTOS COM & LICENSE**  
**2016 FEB -3 AM 9:56**

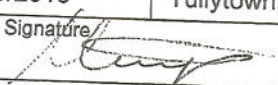
Date of Notification (1) <b>2 / 1 / 16</b>		Name of Building Owner/Operator (2) <b>City of Camden</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>	
		City, State, Zip Code <b>Camden, NJ 08101</b>	
		Name of Contact <b>John Bond</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>WHITMAN AVE RESIDENCES</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>varies</b>	# of Floors <b>varies</b>
City (5) <b>Camden</b>		Bldg. Age <b>50+</b>	
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>
		License No. <b>00847</b>	
Start Date (10) <b>2 / 11 / 16</b>	Scheduled Completion Date (11) <b>3 / 31 / 16</b>	Name of OSHA Monitor <b>CES</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> PM- AM		Street Address <b>1121 N Bethlehem Pike -Suite 60</b>	
		City, State, Zip Code <b>Spring House, PA 19477</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residence</b>
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>3/31/16</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Tullytown PA</b>			
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>	Date <b>2/1/2016</b>

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*check # 10406*

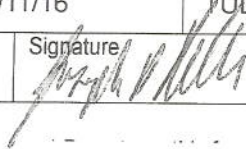
Date of Notification (1) <b>2 / 1 / 16</b>		Name of Building Owner/Operator (2) <b>City of Camden</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b> City, State, Zip Code <b>Camden, NJ 08101</b> Name of Contact <b>John Bond</b>							
<div style="float: right; text-align: right;"> RECEIVED  2016 FEB -3 AM 9:57  ASBESTOS  &amp; LI  CONTROL </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>WILDWOOD STREET RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Camden</b>	Square Feet <b>varies</b>	# of Floors <b>varies</b>	Bldg. Age <b>50+</b>						
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>	ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>	License No. <b>0847</b>						
Start Date (10) <b>2 / 11 / 16</b>	Scheduled Completion Date (11) <b>3 / 31 / 16</b>	Name of OSHA Monitor <b>CES</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____ PM- ____ AM		Street Address <b>1121 N Bethlehem Pike -Suite 60</b> City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE ATTACHED</b>	<b>200 'D per res</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>3/31/16</b>	City, State <b>Tullytown PA</b>						
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>				Date <b>2/1/2016</b>			

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/26/2016		Name of Building Owner/Operator (2) Delaware Park LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 54 Mercer Street		City, State, Zip Code Phillipsburg, NJ 08865							
Name of Contact Sal Piccione		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 21 N Second Street		Square Feet n/a							
City (5) Phillipsburg, NJ 08865		# of Floors n/a							
County (6) Warren		Bldg. Age n/a							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Biottera Solutions		ASCM No.							
Street Address 1130 W Chestnut Street		Name of Abatement Contractor (9) Amax Contracting LLC							
City, State, Zip Code Union, NJ 07083		Street Address PO Box 734							
Project Manager for Monitoring Firm Rick Eustaguio		City, State, Zip Code Woodland Park, NJ 07424							
Telephone No. 973494-3762		Telephone No. 973-692-6298							
Start Date (10) 2/05/2016		License No. 01266							
Scheduled Completion Date (11) 2/09/2016		Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address Po Box 734							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Woodland Park, NJ 07424							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	200 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 36184		Cubic Yards of Waste 8		Name of Registered Landfill Tullytown Facility			
City, State Woodland Park, NJ		Disposal Date 2/10/2016		City, State Tullytown, PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 1/26/2016			

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK 14108

Date of Notification (1) JAN. 28, 2016		Name of Building Owner/Operator (2) RUMSON MANAGEMENT							
Agencies Notified	Type Notification	Street Address 95 AVENUE OF TWO RIVERS							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RUMSON, NJ 07760							
		Name of Contact PETER CIAGLIA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER FLORIST		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)							
Street Address 99 AVENUE OF TWO RIVERS		Square Feet 700 SF	# of Floors 1						
City (5) RUMSON		Bldg. Age 1930							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) FORMER RETAIL FLORIST							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) FEB. 10, 2016	Scheduled Completion Date (11) FEB. 11, 2016	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR			X	VAT	500 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 1	Name of Registered Landfill TRRF LANDFILL					
City, State WEST LONG BRANCH, NJ 07764			Disposal Date 2/11/16	City, State TULLYTOWN, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 	Date 1/28/16					